

ROOTS and FRUITS 2008-09 PROGRAM APPLICATION FORM for ADMISSION

September 2, 2008 – June 11, 2009

Start Date: _____

Child's full name: _____ Date of Birth _____

Sex: _____ Gender: _____

Name child goes by: _____

Child's home address: _____ Zip Code: _____

Child's home phone number: _____

PARENT or GUARDIAN INFORMATION

Parent/Guardian # 1: _____ (H) Phone: _____ Cell # _____

Parent/Guardian #1 Address: _____

Parent/Guardian #1 Employer: _____ Phone # _____

Parent/Guardian #1 Employer Address: _____

Parent/Guardian #2: _____ (H) Phone: _____ Cell # _____

Parent/Guardian #2 Address: _____

Parent/Guardian #2 Employer: _____ Phone # _____

Parent/Guardian #2 Employer Address: _____

Do not list a parent who does not have permission to pick up the above named child. Please list three persons, other than the parent who have permission to pick up your child and may be called in the parent(s) absence or in an emergency situation. Only the person listed below will be able to pick up and transport your child. Proper identification will be required for the release of the child.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Child lives with: Mother(s) _____ Father(s) _____ Both _____ Other _____

FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship (if any) to the child:

Parent(s) / Guardian(s) is (are): Married Never-been married Separated
Divorced Widowed Domestic Partners Grandparent(s) Foster
Parent(s)
Legal Guardian(s) Other

Please explain the family pattern if the candidate does not live with both biological parents in one household. You may include information about adoption, foster care, guardianship, etc. If the child is adopted, is she/he aware of adoption?

Has your child had any previous experience with a preschool?

What are you looking for in a preschool?

Does your child have any special needs/gifts that require accommodation by the provider? If so, please list:

Is there any additional information that you want to share that would help your child or us at Roots & Fruits Preschool?

I wish to enroll my child on the following days: All M T W TH F

Program (check one)

Full Time – 7:30 AM – 5:30 PM

Partial: 8:00 AM – 1:00 PM

Payment Schedule (check one)

I wish to pay monthly on or before the 1st of the month
on or before the 1st of each week.

I wish to pay weekly

Application fee is \$ 35.00, this fee is Non-Refundable

Please make application fee checks payable to:

Roots & Fruits Preschool
16 Vannah Avenue
Portland, ME 04103

For Information call Roots & Fruits at: 347-7274 or email at: ydearani@maine.rr.com

Parent Signature: _____

Date: _____